



7-1608

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PTO/SB/22 (01-08)

Approved for use through 04/30/2008. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) CWRU-P01-046	
Application Number 10/730,549		Filed December 5, 2003	
For CELL-BASED THERAPIES FOR ISCHEMIA			
Art Unit 1651		Examiner L. E. Barnhart	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 61,156	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
_____ Signature		_____ Date	
_____ Ryan Murphey, Ph.D. Typed or printed name		_____ (617) 951-7000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of 1 forms are submitted.		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM125015471US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 14, 2008

Signature: Andrea Silverman (Andrea Silverman)




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 Signature		July 14, 2008 Date	
Ryan Murphey, Ph.D. Typed or printed name		(617) 951-7000 Telephone Number	
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